



**Russell R. McMurry, P.E., Commissioner**  
One Georgia Center  
600 West Peachtree Street, NW  
Atlanta, GA 30308  
(404) 631-1000 Main Office

## **Welcome to GDOT!**

We're excited to welcome you to the Georgia Department of Transportation! We're glad to have you on board and look forward to supporting you throughout your journey with us.

Enclosed in this packet are policy agreement pages related to the policies that have been provided to you. By signing these agreements, you acknowledge that you have received, read, and understood each policy, and you agree to comply with the terms outlined in the corresponding documents.

To help you get started, this page includes an auto-fill section below. Please take a moment to complete it, as it will automatically populate several fields throughout the packet, saving you time.

Some forms require additional information that is not included in the auto-fill section. Please read each form carefully and provide the necessary details where prompted.

All signature fields must be digitally signed before submission. Please ensure that you sign your name as it appears on your Social Security card.

**Once you have completed these forms, please submit via email to**  
[humanresources@dot.ga.gov](mailto:humanresources@dot.ga.gov)

If you have any questions or require further clarification, don't hesitate to get in touch with Human Resources.

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Name (Last, First, M.I.) \_\_\_\_\_

New Employee Orientation Date \_\_\_\_\_

## **Submittal Instructions for New Hire Forms**

To ensure your information is received accurately, please follow the steps below to save and submit your completed packet.

### **Step 1: Download and Save the Packet**

- Do not fill out the forms directly in your web browser (such as Chrome or Edge), as your information may not be saved correctly.
- Right-click the file link or attachment and choose "Save As" to save it to your computer.
- Open the saved file using PDF software such as Adobe Acrobat Reader.
  - If you do not have a PDF reader, download the free Adobe Acrobat Reader at: <https://get.adobe.com/reader>
  - Be sure to uncheck any optional offers (like McAfee) before clicking Download.
- To open the file, right-click and choose "Open with > Adobe Acrobat Reader" (or your preferred PDF software).

### **Step 2: Complete and Sign All Forms**

- Carefully review each page and complete all required fields.
  - To sign digitally in Adobe Acrobat Reader:
    - Use the "Fill & Sign" tool on the right side of the screen or under the "Tools" tab.
    - Select "Sign" to add your signature. You may type, draw, or upload an image of your signature.
    - Drag and drop your signature into the appropriate field.
- Save the form once signed.

### **Step 3: Flatten the Forms**

- Flattening ensures your entries are saved and visible when submitted.
- Click File > Print
- For Printer, select "Microsoft Print to PDF"
- Choose a location to save the file and click Save
- This process locks your entries in place so that they are no longer editable or blank when received.

### **Step 4: Email the Completed Packet**

- Open your email and create a new message
- Attach the completed PDF
- Send to: [humanresources@dot.ga.gov](mailto:humanresources@dot.ga.gov)
- (You may copy and paste this address into your email.)

### **Submitting via Smartphone or Tablet (iPhone or Android)**

You can also complete, sign, and submit your new hire forms using your mobile device:

#### **Step 1: Download and Save the Packet**

- Tap the form attachment, then choose "Share" or "Save to Files" to save it
- Open the saved file using your PDF App.
  - If you do not have a PDF App, you can download the free Adobe Acrobat Reader App
    - Visit the App Store (iPhone) or Google Play Store (Android)
    - Search for "Adobe Acrobat Reader"
    - Download and install the free app (look for the red icon with the white Adobe logo)

#### **Step 2: Open and Complete the Forms**

- Open the file with your preferred PDF software or the Adobe Acrobat Reader App
- Tap into each field to begin typing



### Step 3: Sign the Forms

- Sign the forms with your preferred PDF App
- If using Adobe Acrobat Reader App:
  - Tap the pen icon or “Fill & Sign” tool
  - Select “Sign” (pen icon), then type or draw your signature
  - Next, tap to place the signature in the required field

### Step 4: Save and Submit the Packet

- Save the completed forms with your preferred PDF App
- If using Adobe Acrobat Reader App:
  - Tap the Share icon (a box with an arrow)
  - Choose “Share a Copy” or “Email”, depending on your device
  - If prompted, select “Flatten” or “Send a Flattened Copy”
- Email the completed PDF to: [humanresources@dot.ga.gov](mailto:humanresources@dot.ga.gov)

**Note:** Some mobile PDF apps automatically flatten the form when sharing or emailing. If prompted, always choose the flattened or final version to ensure your data is preserved.

### Need Help?

If you have any questions or need assistance, please contact your HR Representative.



## **EMERGENCY EVENT NOTICE**

### **HIGHWAY EMERGENCY RESPONSE OPERATOR**

All HERO (Highway Emergency Response Operator) employees are designated as essential personnel. In accordance with GDOT Policy 2110-2, *Assignment of Duties, Hours and Location*, and GDOT Policy 2112-2, *Temporary Emergencies and Inclement Weather*, essential personnel are required to work during an emergency event, inclement weather and/or staffing shortfall.

Employees will charge time for all hours physically worked, which would include any time spent traveling to an area of deployment for those employees who are working outside of their normal assigned area and/or outside their normal scheduled hours.

No overtime payout will be made for emergency events unless approved by Commissioner and Deputy Commissioner.

When overtime pay is not authorized, comp time will accrue based on each employee's FLSA (Fair Labor Standards Act) status.

#### **ACKNOWLEDGEMENT**

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**Form** DOT4405 - Form - GDOT Drug Free Workplace Notice

**Section:** Alcohol and Drug Use

**Office/Department:** Human Resources

**Reports To:** DD Admin/General Counsel

**Contact:** 404-631-1000

## GDOT DRUG FREE WORKPLACE NOTICE

It is the policy of the Georgia Department of Transportation (GDOT) to provide a drug-free work place. Illegal drug use significantly impacts the work place and is a serious threat to public health, safety and welfare. GDOT employees are **PROHIBITED** from engaging in the **UNLAWFUL/ILLEGAL** manufacture, distribution, dispensation, possession or use of a controlled substance in the work place or while performing assigned duties. Employees are **REQUIRED** to notify their supervisors and/or other authorized officials of **ANY** criminal drug arrests or convictions within five (5) calendar days of the occurrence. Violations of the above may result in disciplinary action, up to and including separation from employment.

As a condition of employment, while in the work place or performing assigned duties (including work time while in travel status), employees are:

- required to be free of illegal drugs;
- prohibited from abusive use of legal drugs or other substances, which create the potential for significant risk of harm to themselves or others;
- prohibited from using someone else's prescription drugs since it is against the law;
- required to be free of alcohol; and
- prohibited from possessing or consuming alcohol.

Any GDOT employee may be required to submit to alcohol and/or drug testing due to reasonable suspicion. In addition, based on your position, **you** are subject to be tested based on the following: *(Supervisor or other authorized official is to check appropriate blocks before giving to employee-)*

- ☐ *Preemployment (drug testing only)*
- ☐ *Board Directed Random (random drug testing only)*
- ☐ *P.O.S.T. Certified Random (random drug testing only)*
- ☐ *Commercial Drivers License [CDL] (random alcohol and/or drug testing)*
- ☐ *Federal Aviation Administration [FAA] (random alcohol and/or drug testing)*
- ☐ *No additional alcohol and/or drug tests*

Drug testing is conducted for the presence of the following illegal drugs:

1. marijuana/cannabinoids (THC)
2. phencyclidine (PCP)
3. opiates
4. cocaine
5. amphetamines/methamphetamines

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### ***Alcohol Testing and Results***

Employees who refuse to submit to alcohol testing when directed will be immediately separated from employment. Employees whose test shows the presence of alcohol are subject to disciplinary action, up to and including separation from employment.

In addition, when employees are separated, future employment with GDOT could be jeopardized. A determination of appropriate action regarding alcohol testing will be made on a case-by-case basis.

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### ***Drug Testing and Results***

GDOT employees who refuse to submit to drug testing when directed, or whose result indicates an illegal drug (s), will be immediately separated from employment and will not be eligible for future employment with GDOT.

Applicants not currently employed with State government who refuse preemployment drug testing or whose test result indicates an illegal drug, will not be employed by the Department and will not be eligible for any State employment for a period of two (2) years.

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### ***Assistance***

The Georgia Department of Transportation is willing to assist employees with alcohol and/or drug related problems. Employees must advise their supervisors or other authorized officials in writing of the need for assistance prior to being notified of required testing and prior to being arrested and/or convicted for a criminal drug offense. Employees may also seek assistance with alcohol and/or drug related problems through their health maintenance organizations.

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I understand that I must abide by the conditions outlined in this notice. I will notify my supervisor, appropriate employee relations representative or other authorized official of any criminal drug arrest or conviction within five (5) calendar days of the arrest or conviction. I realize that Federal law may require that my employer communicate conviction information to a Federal agency.

I also understand that I am to be free of alcohol and illegal drugs in the workplace or while performing assigned duties. I have been advised that I will be subject to the alcohol and/or drug tests indicated on this notice.

Applicant/Employee Name \_\_\_\_\_ Employee ID \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

***Computer Information Systems Policy  
User Responsibility Agreement***

The Computer Information Systems Policy applies to employees, contractors, consultants, temporaries, and other workers (hereafter collectively referred to as users) at all facilities of the Department of Transportation, including all personnel affiliated with third parties. This policy also applies to all equipment that is owned or leased by the DOT or is connected to the Department's network.

Users who utilize the Department's electronic infrastructure should familiarize themselves with their responsibilities and acknowledgments prior to signing this form and must agree to comply with the Computer Information Systems Policy.

**AGREEMENT**

"I have received and read a copy of the *Computer Information Systems Policy* and the *User Responsibilities and Acknowledgements*. I have had an opportunity to ask any questions I may have had regarding this Policy and have received an answer to those questions, if any.

Furthermore, as an employee, I understand that failure to comply with this *Policy* may result in appropriate disciplinary action up to and including the termination of my employment. As a user, other than an employee, I understand that failure to comply with this *Policy* may result in loss of access to the Department's electronic infrastructure.

My signature below indicates that I understand and agree to comply with the conditions of this *Policy*."

User Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date Signed: \_\_\_\_\_

Office/Company: \_\_\_\_\_



# GDOT Publications

## Policies & Procedures

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**Form Word:** DOT4112 - Form - Acknowledgement of Unclassified Position

**Section:** Appointments

**Office/Department:** Human Resources

**Reports To:** DD Admin/General Counsel

**Contact:** 404-631-1000

### Acknowledgement of Unclassified Position

I hereby acknowledge that the position that I have accepted, \_\_\_\_\_, with the Georgia Department of Transportation, \_\_\_\_\_, is in the unclassified service. I understand that as an employee in the unclassified service, my employment is “at-will” and that I may be separated from employment at any time without notice or statement of reasons. I further understand that in accepting this unclassified position, any employment rights that I may have had in a position in the classified service no longer exist.

\_\_\_\_\_  
Name (*please print*)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**NOTE:** Employees who first established membership in the Employees’ Retirement System prior to April 1, 1972 and who have a minimum of eighteen (18) years of State employment may have involuntary separation rights under the Georgia Retirement System Law, regardless of whether their position is in the classified or unclassified service.

DOT 4112  
07/01/03



**UNDERSTANDING CONCERNING THE  
USE OF FLSA COMPENSATORY TIME**

I, \_\_\_\_\_, do hereby acknowledge that as part of the terms and conditions of my employment with the Georgia Department of Transportation (hereinafter referred to as my employer), I understand that I may be required to work more than forty hours in a week. I further understand, in lieu of overtime compensation, I will receive compensatory time off at the rate of one and one-half hours for each hour of employment for which overtime compensation is required by the Fair Labor Standards Act of 1938, provided I am considered to be a covered employee under the Fair Labor Standards Act. I also understand that if I am exempt from the Fair Labor Standards Act, then the policies of the Department of Transportation pertaining to overtime/comp time will govern whether I receive actual payment for overtime, compensatory time and at what rate, or whether or not I am eligible for either.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

## EMPLOYEE ACKNOWLEDGEMENT

I, \_\_\_\_\_, hereby acknowledge that I have received a copy of the Georgia Department of Transportation's Employee Handbook, which provides important information about my employment with the GDOT. I understand that the GDOT can, at its sole discretion, modify, eliminate, revise, or deviate from the guidelines and information in this handbook as circumstances or situations warrant.

I also understand that any changes made by the GDOT with respect to its policies, procedures or programs can supersede, modify or eliminate any of the information outlined in this handbook. I accept responsibility for familiarizing myself with the information in this handbook and will seek verification or clarification of its terms or guidance where necessary.

Furthermore, I acknowledge that this handbook is neither a contract of employment nor a legal document, and nothing in the handbook creates an express or implied contract of employment. I understand that I should consult my supervisor or the GDOT Office of Personnel if I have any questions that are not answered in this handbook.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Employee Name (printed)

\_\_\_\_\_  
Date



## EMPLOYEE STATEMENT OF UNDERSTANDING DRUG FREE WORKPLACE

I have received and reviewed a copy of the Georgia Departments Drug Free Workplace policy number 2290-1. I have been given the opportunity to ask questions for my clarification and understanding. I understand that I am required to abide by the Drug Free Workplace policy.

I Understand that it is the policy of the Georgia Department of Transportation (GDOT) to maintain a drug free workplace. I understand that I am **PROHIBITED** from engaging in the **UNLAWFUL/ILLEGAL** manufacture, distribution, dispensation, possession or use of a controlled substance in the workplace or while performing **ANY** assigned duties. I understand that I am not to consume or be under the influence of alcohol in the workplace or while performing any assigned duties.

I understand that I am **REQUIRED** to notify my supervisor and slash or other authorized officials of **ANY** criminal drug arrests or convictions within five (5) calendar days of the occurrence.

Violations of the above may result in a disciplinary action, up to including separation from employment.

\_\_\_\_\_  
EMPLOYEE NAME

\_\_\_\_\_  
EMPLOYEE SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
WITNESS NAME

\_\_\_\_\_  
WITNESS SIGNATURE

\_\_\_\_\_  
DATE



# GEORGIA DEPARTMENT OF TRANSPORTATION

## Employee Receipt of Family Medical Leave Employee Rights and Responsibilities

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I, \_\_\_\_\_, Certify that in accordance with the 29 CFR Part 825, The Family Medical and Leave Act of 1993; I have received my Employee Rights and Responsibilities Statement. This information includes:

- Basic Entitlement,
- Military Leave Entitlement,
- Benefits and Protections,
- Eligibility Requirements,
- Definition of Serious Health Condition,
- Use of Leave,
- Substitution of Paid Leave for Unpaid Leave,
- Employee Responsibilities,
- Unlawful Acts by employers, and
- Enforcement.

I have also received information on who I can contact if I have further questions or if I need assistance with family medical leave.

\_\_\_\_\_  
Employee's Name

\_\_\_\_\_  
Witness Name

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

### **Attestation**

1. I have been provided with a copy of the Governor's Code of Ethics.
2. I have fully read and understand the Governor's Code of Ethics.
3. I affirm that I will strictly adhere to the Governor's Code of Ethics, and am committed to maintaining an honest, ethical, and open system of government for the people of Georgia.
4. I understand that failure to adhere to the Governor's Code of Ethics, whether intentional or not, may be cause for discipline, termination, or even criminal prosecution.

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Signature

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Printed Name

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Employee ID Number

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Date